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## **TRANSMITTAL FORM**

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Application Number	10/676,575
Filing Date	September 30, 2003
First Named Inventor	Peter S. BORROMEO
Art Unit	1654
Examiner Name	J. Russel
Attorney Docket Number	342312001701

ENCLOSURES (Check all that apply)						
X Fee Trans for fee pro	mittal Form + duplicate cessing (2 pages)	Drawing(s)		After Allowance Communication to TC		
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Amendme	nt/Reply (11 pages)	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	r Final	Petition to Convert to a Provisional Application		Proprietary Information		
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A		Status Letter		
Extension	of Time Request	X Terminal Disclaimer (1 page	<del>:</del> )	Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		Statement Under 37 C.F.R. 3.73(b) (1 page)		
Information	n Disclosure Statement	CD, Number of CD(s)		Return Receipt Postcard		
Certified C Document	opy of Priority (s)	Landscape Table on C	D			
	tissing Parts/ Application	Remarks				
	ly to Missing Parts under FR 1.52 or 1.53		,			
<u>.</u>		,				
	SIGNAT	URE OF APPLICANT, ATTORI	NEY, OR	AGENT		
Firm Name	MORRISON & FOE	RSTER LLP (Custom	er No. 2	25226)		
Signature						
Printed name	Kimberly A. Bolin					
Date	February 2, 2005	ſ	Reg. No.	44,546		

	ence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV537016784US, unendment, Commission of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date
shown below.	
Dated: February 2, 2005	Signature: Distance Mates (Georgina Mates)

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/ 😵	Fees pursuant to the Consolidated Appropr		Application Number	10/676,575
FEB 0 2 2005	FEE TRANSI	MITTAL	Filing Date	September 30, 2003
TEB S	For FV 20			Peter S. BORROMEO
13	For FY 20	U5	Examiner Name	J. Russel
TRADEMAN'S	Applicant claims small entity statu	s. See 37 CFR 1.27	Art Unit	1654
	TOTAL AMOUNT OF PAYMENT	(\$) 130.00	Attorney Docket No.	342312001701
	METHOD OF PAYMENT (check a	all that apply)		
•	Check Credit Card	Money Order No	ne Other (please id	entify):

Check Credit Card Money Order None Other (please identify):    Charge fee(s) indicated below	METHOD OF PAYME	NT (check all th	nat apply)						· · · · · · · · · · · · · · · · · · ·
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   Except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   Except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   Except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   Except for fee(s)   Fee   S   S   S   S   S   S   S   S   S	x Deposit Account	Deposit Account N	tumber: 03-	ىــــ 1952 <sub>De</sub>	eposit Account Na	me: Î	Morrison & Fo	perster Ll	.P
X   Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	For the above-ide				•		all that apply)		
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Application Type	1. BASIC FILING, SEARC	H, AND EXAM	INATION FE	ES	<del></del>	*			
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Utility 300 150 500 250 200 100  Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  20 -21 = 0 x 50.00 = 0.00  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  1 .3 = 0 x 200.00 = 0.00  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x = Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fee Paid (\$)	Amalication Tune							Econ I	Paid (¢)
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SUBMITTED BY					
Signature	h	Registration No. (Attorney/Agent)	44,546	Telephone	(650) 813-5740
Name (Print/Type)	Kimberly A. Bolin			Date	February 2, 2005